

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

		(Note: II				snould be typed			1 - 4-4-4	1,
Filer Identification Number	ł	47-4877192	Report Filed B ( Mark X)	y Candida	ate	Committee		$X_{\perp}$	Lobbyist	
Name of Filing Com Lobbyist	mittee, Car	ndidate or	Committee to Ele	ect Horan-Kunco	, which the					
Street Address	, , , , , , , , , , , , , , , , , , , ,	"	439 West Arlingt	on Rd.						
City	Erie			State	PA	Zip Code	16509			
Type of Report (Place	e v under r	enort type)	<del></del> "		<u> </u>					
			4- 6th Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Day F	ost 7- Annual	Special 2 <sup>nd</sup>	d Friday	Special 30 I	Day
	2" Friday e-Primary	3- 30 Day Post Primary	Pre- Election	Pre- Election	1 -		Pre-Election	-	Post-Election	-
						X				
Date Of Election (MM/DD/YYYY)		11/8/11	Year	2017	Amendme Report	nt	Termination Report	on		
Summary of Receip	ts and	From Date	To Date	9		For	Office Use C	Only		
Expenditures		1/1/17	f <u> </u>	2/31/17				<u> </u>		
A. Amount Brought				5158.73	]				2	
B. Total Monetary ( (From Schedule !)	Contributio	ns and Receipts	\$ \$	0	2018 JAN					
C. Total Funds Avai	lable		\$	58.73					72	
(Sum of Lines A and	<u> </u>			20.17						
D. Total Expenditur (From Schedule III)		. '	\$	1274.00						
E. Ending Cash Bala			\$	2004.72						
(Subtract Line D fro	om Line C)			3884.73 	12 亿					
F. Value of In-Kind (From Schedule II)	Contribution	ons Received	\$	0	PM 12: 50					
G. Unpaid Debts ar		ons	\$	0				granger.		
(From Schedule IV)				Affidavit S	Section				· · · · · · · · · · · · · · · · · · ·	
Part 1- If this is a Com	mittee repo	rt, treasurer sign	here. If this is a Ca	ndidate report.	candidate sign	here.				
I swear (or affirm) tha	at this report	, including the att	ached schedules o	on paper, is to th	e best of my kr	nowledge and belief	true, correct a	and compl	ете.	
Sworn to and subscril	bed before n	. I X			1/2+6	100m	11/2	С		
day of	xuly	$\frac{2010}{4}$	-, il	-	Sign	ature of Person Sub	mitting report	t		
Kmby	yature 2	y www.	ida -	(	HAT	The GRAN Printed Na	Hit	DRY	<b>Y</b>	
	$O$ $\mathcal{U}$	3120	019		TIL		1060-1	004	F &	
MMSRWESEPHERE! NOTARIAL	SEAL.	DAY YE	<del>.</del> . •	•	Area Code	D	aytime Teleph	one Numb	ber	
Kimboriu S. Mayandi	er Notary		<b>d Committee</b> , can	didate shall sign	here.	<del></del>				
Part Hight thister herem Ny tswamies affirmation Week anna Ass	at to the bes	t of myknowledge	e and belief this p	olitical committe	ee has not viola	ted any provisions o	f the Act of Ju	ne 3, 1937	7 (P.L. 1333, NC	).320) as
Sworn to and subscri					$\wedge$	, ] 1				
164	1000	18	• •	[	· Jan	Has h	una			
10 day of \	JUV WU	20 10 -		Ĺ	)	2.0	didate	611		
Kimbe	7 /	HUU K	XLADEN !	•	ves	Si CA To	<u>a AM - 1</u>	CUIL	<u></u>	
, Sig	gnafute	) i = ~-	ا. ه		Only	1111100 140111	- U (U ~1	054	7	
My Commission expi	res <u>[                                   </u>	DAY YR.	<u> 11</u>		Area Code	Da	Y 3 1 ytime Telepho	one Numb	er	
COMMONWEALTH	LOE DENIN	AIIAAV IVEL								
- JOHNSON THE PER IT	COL TENT	TO LESS THAILS								

NOTARIAL SEAL
Kimberly S. Alexander, Notary Public
City of Erie, Erie County
My Commission Expires Oct. 31, 2019
MEVBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

#### **SCHEDULE I**

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number Committee to Elect Horan-Kunco			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Tromcember Continuations and Receipts 455100 th 2555 per continuation			
Total for the reporting period	(1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	О
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E	)	•	

Total for the reporting period

Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B)

\$ 0

\$

(4)

#### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

	Committee to Elect Horan-Ku	unco		
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$ 0
House # Street A	\ddress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street A	Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$ .
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street A	Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	1		Date [MM/DD/YYYY]	\$
House # Street A	 Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	1,,,,,,		Date [MM/DD/YYYY]	\$
House # Street /	Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	_ \$
House # Street	Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART B

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

	Committee	to Elect Horan-Kunco			
Full Name of Co	antributor			Date [MM/DD/YYYY]	\$
ruii Name or Co				Date [MIM/DD/1111]	<u>.</u> 0
House #	Street Addres	s		Date [MM/DD/YYYY]	<b>*</b>
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	<b>2 \$</b> \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$ . \$.
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Co	ontributor	<u> </u>	] in contraggered	Date [MM/DD/YYYY]	1941 ( <b>\$</b> ) 193
House #	Street Addres	5 <b>5</b>		Date [MM/DD/YYYY]	<u>경</u> <b>경</b> 경임 공기
City		State	Zip Code	Date [MM/DD/YYYY]	. <b> </b>
Full Name of Co	ontributor			Date [MM/DD/YYYY]	***
House#	  Street Addre	\$\$ 		Date [MM/DD/YYYY]	**************************************
City	100% MET 1994	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor	Mayor, Mark	Foot John Martin 11	Date [MM/DD/YYYY]	
House#	Street Addres	SS		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	*
Full Name of Co	ontributor	[17] A. [17]	From Company School	Date [MM/DD/YYYY]	\$
House #	Street Addres	35 -		Date [MM/DD/YYYY]	\$ 4 \$ 4 \$ 5 \$ 5
City		State	Zip Code	Date [MM/DD/YYYY]	174   <b>\$</b>     <b>\$</b>

## PART C

# **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification	n Number: Committee to	Elect Horan-Kunco			
Let a 19 No. 3 - Sec. 1	-6 2.5.6 <u>1</u>				
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of	mmittee	Section of the		Date [MM/DD/YYYY]	\$
Contributing Co					
House #	Street Address			Date [MM/DD/YYYY]	4 :
City	[2-25-6-6-25-6-55-5]	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	elve (Admo) (r	integranda 15 d f	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	S
		to reach the	Care come of		
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	ımmittee	Min (Eleve	page and wife	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee	Park All Mills A Light Street	MAPONE I	Date [MM/DD/YYYY]	
				The state of the part of the state of the state of	
House #	Street Address			Date [MM/DD/YYYY]	
City	1 - Apr. 1 (4) (40) 1 (4)	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>

#### PART D

# **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

	4			
full Name of Contributor			Date [MM/DD/YYYY] \$ 0	
House # Street Add	ress		Date [MM/DD/YYYY] \$	
	ida Awa			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	[24 ] (24 ] (25)		Occupation	
Employer Mailing Address /	90% (3.5.1)			
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Add	ress		Date [MM/DD/YYYY] \$	
	A San And Mariner			
City of	State	Zip Code	Date [MM/DD/YYYY] \$	
	Jule	La Santa	The state of the s	
	[4,84,24 to 1.4]			
Employer Name	1255   1255		Occupation	
			Occupation	
Employer Mailing Address /			Occupation	
Employer Mailing Address / Principal Place of Business			Occupation  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business				
Employer Mailing Address / Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] . \$	
Employer Mailing Address / Principal Place of Business Full Name of Contributor	ress			
Employer Mailing Address / Principal Place of Business Full Name of Contributor  House # Street Add			Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business Full Name of Contributor  House # Street Add	ress	Zip Code	Date [MM/DD/YYYY] . \$	
Employer Mailing Address / Principal Place of Business Full Name of Contributor  House # Street Add  City		Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business Full Name of Contributor  House # Street Add  City		Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business Full Name of Contributor  House # Street Add  City  Employer Name  Employer Mailing Address /		Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Add  City  Employer Name  Employer Mailing Address / Principal Place of Business		Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Add  City  Employer Name  Employer Mailing Address / Principal Place of Business		Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Add  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor		<b>Zip Code</b>	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Add  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Add  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Add  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Add	State	Zip Code Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation  Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business Full Name of Contributor  House # Street Add  City  Employer Name  Employer Mailing Address / Principal Place of Business Full Name of Contributor	ress		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	

#### **PART E**

# **Other Receipts**

## REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nur	mber: Committee to Elect Hor	an-Kunco		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		to XX XX and		
Full Name		······································		
House #	Street Address		·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				10 To
Full Name	0.05			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			· 基础的基础。	Tel
Full Name				
House#	Street Address	and the second section of the section of t		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			[2012-05-2800-63]	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		IsSans ver M	<u>, 1 198 13 9 11 </u>	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

#### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: Committee	ee to Elect Horan-Kunco			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAI	LUE OF \$50.00 (	R LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	0	<u>-</u> , .
	COVER VALUE OF AROOM	TO COED OF IT	YOMA DADT EVERYOUT SERVICE SER	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0.	T 10 \$250:00 (F	KUWI PART F	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	0.00 (FROM PAI		
TOTAL for the reporting period	(3)	\$	0	
	1			
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals f				
on Page 1, Report Cover Page, Item F)	10111 BOXES 1, 2, 0110 3, 6	Also circol	0	

# SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:			
	Committee to Elect Horan-Kunco		
医有多速中枢 医解视图 医肾上腺		 	

Full Name of Contributor			Date [MM/DD/YYYY]	\$
I MITTAGE COLUMN INCOL			, 10 (1 ) <b>3</b> , 100 (1 ) <b>3</b> , 20 (1 ) <b>3</b>	
	The Latin and		Date [MM/DD/YYYY]	\$
House # Stree	t Address		nate flaustinot i sust	
	Reference Mary Films			14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				·
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	t Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				144 8 W
Description of Contribution				<u> </u>
			and the state of t	ar 188
Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b> 4.7.3
House # Stree	et Address		Date [MM/DD/YYYY]	\$
				, 10일 당한:
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor	State Distinction		Date [MM/DD/YYYY]	\$.
House #   Stre	et Address		Date [MM/DD/YYYY]	<u>'                                    </u>
Stre	et Audress		<u> </u>	tu d Net
. cit.	State	Zip Code	Date [MM/DD/YYYY]	\$
City	State			
Description of Contribution				<u> </u>
			Date [MM/DD/YYYY]	<b>S</b>
Full Name of Contributor			Care [wind/Doly [311]	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		n In the lamb become	W./
House # Stre	et Address		Date [MM/DD/YYYY]	
			•	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contributio				

## SCHEDULE II

## Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:	
	Committee to Elect Horan-Kunco

Full Name of Contribute	or			Date [MM/DD/YYYY]	\$
					0
House #	Street Address			Date [MM/DD/YYYY]	\$
	on eer waaress				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					11_
Employer Name		1		Occupation	
Employer Mailing Addr	ess / Principal		, <u>, , , , , , , , , , , , , , , , , , </u>	Description	
Place of Business				of Contribution	
Full Name of Contribut	or			Date [MM/DD/YYYY]	\$
House # S	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		- : : : : : : : : : : : : : : : : : : :		Occupation	<u> </u>
Employer Mailing Addr				Description	
Place of Business	ess / Frincipal			of Contribution	
Full Name of Contribut				Date [MM/DD/YYYY]	\$
					\$ 100 
House #	Street Address			Date [MM/DD/YYYY]	\$
	eet Auuress				
		State	Zip Code	Date [MM/DD/YYYY]	
City		JIGIE	Zip Code	-are limit political	
18 (18 18 18 18 18 18 18 18 18 18 18 18 18 1		A Table 1			
Employer Name			_	Occupation	
Employer Mailing Add	ress / Principal			Description	
Place of Business		1		of Contribution	
Full Name of Contribut	ord			Date [MM/DD/YYYY]	\$
, vii raine di Contribu				TO THE REST OF THE PARTY OF THE	
				Date [MM/DD/YYYY]	\$
House #	Street Address			Pare [MIM/DD/1111]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		1		Occupation	1:-1-
Employer Mailing Add	ress / Principal			Description	
Place of Business				of Contribution	

# Statement of Expenditures

		_
Filer Identification Number:	committee to Elect Horan-Kunco	

To Whom Paid Committee To Elect Teresa Stankiewicz					Date [MM/DD/YYYY]	\$ 100.00		
					4/2/2017	100.00		
House # 3926	Street Address Beech Ave				Description of Expenditure			
<b>City</b> Erie	y Erie State PA Zip Code 16508			16508	campaign contribution			
To Whom Paid						Date [MM/DD/YYYY]	\$ 250.00	
Friends of Kathy Dahlkemper				06/24/2017	250.00			
House #	House # Street Address PO Box 528				Description of Expenditure			
City Erie	<u></u>	State	PA	Zip Code	16512	campaign contribution		
To Whom Paid			<u> </u>			Date [MM/DD/YYYY]	\$ 150.00	
	Ellen Curry Foundation	n				7/8/2017	150.00	
House # 606	Street Address	olland St.	, ·			Description of Expenditure		
City Erie	<u> </u>	State	PA	Zip Code	16501	scholarship donation		
To Whom Paid		The same and the same				Date [MM/DD/YYYY]	<b>13</b>	
	Friends of Kathy Dahil	kemper				9/10/2017	250.00	
House # Street Address PO Box 528					Description of Expenditure			
City Erie State PA Zip Code 16512				16512	campaign contribution			
To Whom Paid			<u></u>			Date [MM/DD/YYYY]	\$	
	Nancy Agostine					10/21/2017	500.00	
House # 8241 Street Address CNARC  City State R Zip //6503				Description of Expend	lture			
City Q	RU	State	PA	Zip Code	16509	campaign centribution		
To Whom Paid	(reg)		<u>'</u>			Date [MM/DD/YYYY]	\$ 24.00	
	Citizens Bank					1/17-12/17	24.00	
House # Street Address PO Box 7000					Description of Expenditure			
City Providence State RI			Zip Code	02940	\$2.00 monthly statement charge			
To Whom Paid						Date [MM/DD/YYYY]		
House # Street Address				Description of Expend	iture			
City	<u></u>	State		Zip Code				
To Whom Paid		FAR 3 (4.50)		The state of the s		Date [MM/DD/YYYY]	<b>.</b>	
House #1		· · · ·				Description of Expend	liture	
House #	Street Address							
City		State		Zip Code				
[관계 소비		Rite AVA	.1	No. 27 77.1	. 1			

## **SCHEDULE IV**

# **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Ose this section t	O Itemize an ampaia aests a	 	<del> </del>	
Filer Identification Number:	Committee to elect Horan-Kunco			

Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	<del>                                    </del>	State	Zip Code	6
Description of Debt	74.7 4.88			
Name of Creditor	Mar 1			Outstanding Balance of Debt
House #	Street Address	3 .	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	
Description of Debt				
Name of Creditor	20			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt	444 44 44 44 44 14 44 44			
Name of Creditor		*		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Deb				